OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2002-12 OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES)

JULY 2, 2002

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Open Meetings Act/Brown Act Reform (BAR) program. These claiming instructions are issued subsequent to adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

GC §§ 54952, 54954.2, 54957.1, and 54957.7 require that legislative bodies of local agencies comply with certain changes to the Ralph M. Brown Act, also known as the Open Meetings Act. The test claim legislation expanded the types of legislative bodies required to comply with the notice and agenda requirements of GC § 54954.2 and 54954.3.

On June 28, 2001, the COSM determined that the BAR program establishes costs mandated by the State according to the provisions listed in the attached amended P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any city, county, city and county, or special district that incurs increased costs as a direct result of this mandate, is eligible to claim reimbursement of these costs.

Reimbursement Options

Three reimbursement options were established by the COSM for costs incurred during a fiscal year: Actual Time, Standard-Time, and Flat-Rate. All meetings of the same type or name must be claimed using the same basis for the entire fiscal year. However, the meetings may be claimed using a different basis during a subsequent fiscal year. For each type or name of a meeting claimed, claimants shall select one of the following reimbursement options:

A. Actual Time

Actual costs of administering the BAR program in compliance with this mandate may be claimed. Eligible claimants must claim actual costs incurred for subsequent reporting of action taken in closed session, providing copies of documents approved or adopted in closed session, and training. See Section V. A. (page 6) of the P's & G's. The following are reimbursable activities related to the BAR program: Salaries and benefits, materials and supplies, contract services, travel and training, and fixed assets. Forms BAR-2A and BAR-3 must be completed to claim actual costs associated with this mandate. Forms BAR-1 and FAM-27 are then used to summarize these costs.

B. Standard-Time

In lieu of actual time, a standard-time allowance of 20 or 30 minutes per agenda item, as provided for in the P's & G's, shall be used to calculate the cost of each brief agenda that was prepared during the fiscal year. This standard-time allowance covers the direct and, if applicable, the indirect costs incurred in compliance with this mandate. Forms BAR-2S and BAR-3 must be completed to claim standard-time costs associated with this mandate. Forms BAR-1 and FAM-27 are then used to summarize these costs.

C. Flat-Rate

In lieu of actual costs, a flat-rate allowance of \$90.10 per meeting for the base fiscal year of 1993-94, as provided for in the P's & G's, shall be used to claim the cost of each agenda that was prepared during the fiscal year. The flat-rate allowance includes all costs incurred for preparing and posting an agenda including closed session agenda items. Claimants who filed reimbursement claims under the Open Meetings Act program using the flat rate option cannot file another reimbursement claim using this option for initial year costs for agenda preparation of closed session items under the BAR program. Refer to Sections III. and IV. of the P's and G's. The direct and indirect costs incurred in compliance with this mandate will be adjusted each subsequent fiscal year by the Implicit Price Deflator. Forms BAR-2F and BAR-3 must be completed to claim flat-rate costs associated with this mandate. Forms BAR-1 and FAM-27 are then used to summarize these costs.

Filing Deadlines

Eligible claimants have the option of filing new reimbursement claims for the period January 1, 1994, to June 30, 1994, and fiscal years 1994-95 through 2000-01 for reimbursable activities incurred only in compliance with the BAR mandate pursuant to these P's & G's. The initial years' costs shall not include any costs that were claimable or reimbursed pursuant to the Open Meetings Act (OMA) program per claiming instructions 2000-15 and 16. Annual claims, commencing with the 2001-02 fiscal year, shall include all costs for the OMA and BAR programs. See Section I. of the P's & G's.

A. Initial Claims

Initial claims must be filed within 120 days from the issuance date of claiming instructions. Reimbursement claims for the period January 1, 1994, to June 30, 1994, and fiscal years 1994-95 through 2001-02 must be filed with the SCO and be delivered or postmarked on or before **October 30, 2002**. Annually thereafter, having received payment for an estimated claim, the claimant must file a reimbursement claim by **January 15** of the following fiscal year. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. All initial reimbursement claims will be considered as one claim for the purpose of computing the late claim penalty. If the claims are late, the penalty should be applied to a single fiscal year. Do not prorate the penalty among fiscal years. In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline or without the requested supporting documentation will not be accepted.**

Estimated claims for fiscal year 2002-03 must be filed with the SCO and postmarked by **October 30, 2002**. Thereafter, they must be filed with the SCO and postmarked by January 15 of the fiscal year in which costs will be incurred. Timely filed claims are paid before late claims.

Unless otherwise specified in the claiming instructions, local agencies are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the claimant must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs.

Minimum Claim Cost

GC § 17564 provides that no claim shall be filed pursuant to §§ 17551 and 17561, unless such a claim exceeds two hundred dollars (\$200), provided that a county may submit a combined claim on behalf of special districts within their county if the combined claim exceeds \$200, even if the individual special district's claims do not each exceed \$200. The county shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each special district. These combined claims may be filed only when the county is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a special district provides to the county and to the SCO, at least 180 days prior to the deadline for filing the claim, a written notice of its intent to file a separate claim.

Reimbursement Claims

Initial reimbursement claims will only be reimbursed to the extent that expenditures can be supported and if such information is unavailable, claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation as evidence of the expenditures. Examples of documentation may include, but are not limited to, copies of agendas, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, and caseload statistics.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year the costs were incurred. When no funds are appropriated for initial claims at the time

the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO upon request.

Retention of Claiming Instructions

Claiming instructions and forms should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary. For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.htm.

Address for Filing Claims

Submit a signed original, a copy of form FAM-27, Claim for Payment, and a copy of all other forms and supporting documents to:

If delivered by

<u>U.S. Postal Service:</u> <u>other delivery services:</u>

Office of the State Controller Office of the State Controller

Attn: Local Reimbursements Section

Division of Accounting and Reporting

Attn: Local Reimbursements Section

Division of Accounting and Reporting

P.O. Box 942850 3301 C Street, Suite 500

Sacramento, CA 94250 Sacramento, CA 95816

Parameters and Guidelines

Government Code Sections 54952, 54954.2, 54954.3, 54957.1, and 54957.7

Statutes of 1986, Chapter 641 Statutes of 1993, Chapters 1136, 1137 and 1138

Open Meetings Act/Brown Act Reform

I. SUMMARY OF THE MANDATE

Government Code sections 54952, 54954.2, 54957.1 and 54957.7, require that "legislative bodies" of local agencies comply with certain changes to the Ralph M. Brown Act, also known as the Open Meetings Act.

On June 28, 2001, the Commission on State Mandates (Commission) adopted its Statement of Decision on the *Brown Act Reform* test claim (CSM-4469). The Commission found that Government Code sections 54952, 54954.2, 54957.1, and 54957.7, as added and amended by Statutes of 1993, chapters 1136, 1137, and 1138, constitutes a reimbursable state mandated program upon local governments within the meaning of article XIII B, section 6 of the California Constitution and Government Code section 17514. The test claim legislation expanded the types of "legislative bodies" required to comply with the notice and agenda requirements of Government Code sections 54954.2 and 54954.3, to include:

- Local Bodies created by state or federal statute.
- Standing Committees with less than a quorum of members of the legislative body that has a continuing subject matter jurisdiction or a meeting schedule fixed by formal action.
- Permanent & Temporary Advisory Bodies (except bodies of less than a quorum of the members of the legislative body).

It also required all "legislative bodies" to perform a number of additional activities in relation to the closed session requirements of the Brown Act, as follows:

- To include a brief general description on the agenda of all items to be discussed in closed session. A brief general description of an item generally need not exceed 20 words. (Gov. Code, § 54954.2, subd. (a).)
- To disclose in an open meeting, prior to holding any closed session, each item to be discussed in the closed session. (Gov. Code, § 54957.7, subd. (a).)
- To reconvene in open session prior to adjournment and report the actions and votes taken in closed session for the five items identified in Government Code section 54957.1, subdivision (a)(1-4, 6). (Gov. Code, § 54957.7, subd. (b).)
- To provide copies of closed session documents as required. (Gov. Code, § 54957.1, subd. (b) and (c).)

The Commission previously adopted two test claims on the Brown Act:

1. Open Meetings Act

On March 23, 1988, the Commission adopted the *Open Meetings Act* test claim (CSM-4257). Statutes of 1986, chapter 641, added Government Code section 54954.2 to require that the legislative body of the local agency, or its designee, post an agenda containing a brief general description of each item of business to be transacted or discussed at the regular meeting, subject to exceptions stated therein, specifying the time and location of the regular meeting and requiring that the agenda be posted at least 72 hours before the meeting in a location freely accessible to the public. The following types of "legislative bodies" were eligible for reimbursement:

- Governing board, commission, directors or body of a local agency or any board or commission thereof, as well as any board, commission, committee, or other body on which officers of a local agency serve in their official capacity.
- Any board, commission, committee, or body which exercises authority delegated to it by the legislative body.
- Planning commissions, library boards, recreation commissions, and other permanent boards or commissions of a local agency composed of at least a quorum of the members of the legislative body.

Statutes of 1986, chapter 641 also added Government Code section 54954.3 to provide an opportunity for members of the public to address the legislative body on specific agenda items or any item of interest that is within the subject matter jurisdiction of the legislative body, and this opportunity for comment must be stated on the posted agenda.

2. School Site Councils and Brown Act Reform

On April 27, 2000, the Commission approved the *School Site Councils and Brown Act Reform* test claim (CSM-4501). This test claim was based on Government Code section 54954 and Education Code section 35147, which addressed the application of the open meeting act provisions of the Brown Act to specified school site councils and advisory committees of school districts.¹

II. ELIGIBLE CLAIMANTS

Any county, city, a city and county, school or special district that incurs increased costs as a result of this reimbursable state mandated program is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557, prior to its amendment by Statutes of 1998, chapter 681 (effective September 22, 1998), stated that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for *Brown Act Reform* was filed on December 29, 1994. Statutes of 1993, chapters 1136, 1137, and 1138, became effective January 1, 1994. Therefore, costs incurred on or after January 1, 1994 for compliance with the *Brown Act Reform* mandate are eligible for reimbursement.

¹ The parameters and guidelines for the *School Site Councils and Brown Act Reform* test claim are \underline{not} included in these parameters and guidelines.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of notification by the State Controller of the issuance of claiming instructions.

If total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise allowed by Government Code section 17564.

Initial years' costs shall not include any costs that were claimable or reimbursed pursuant to *Open Meetings Act* Parameters and Guidelines as amended on December 4, 1991 or November 30, 2000. Reimbursement for these costs must be claimed as prescribed in the Controller's Claiming Instructions No. 2000-15 and 2000-16 for local agencies and schools, respectively.

Annual claims, commencing with the 2001-2002 fiscal year, shall include all costs for *Open Meetings Act* and *Brown Act Reform*.

IV. REIMBURSABLE ACTIVITIES

For each eligible claimant, the following activities are eligible for reimbursement:

A. Agenda Preparation and Posting Activities

- 1. Prepare a single agenda for a regular meeting of a legislative body of a local agency or school district containing a brief description of each item of business to be transacted or discussed at a regular meeting, including items to be discussed in closed session, and citing the time and location of the regular meeting.² (Gov. Code, § 54954.2, subd. (a).)
- 2. Post a single agenda 72 hours before a meeting in a location freely accessible to the public. Further, every agenda must state that there is an opportunity for members of the public to comment on matters that are within the subject matter jurisdiction of the legislative body, subject to exceptions stated therein. (Gov. Code, §§ 54954.2, subd. (a), and 54954.3, subd. (a).)

Beginning January 1, 1994, the following types of "legislative bodies" are eligible to claim reimbursement under these parameters and guidelines for the activities listed in section IV.A:

- Local Bodies created by state or federal statute.
- Standing Committees with less than a quorum of members of the legislative body that has a continuing subject matter jurisdiction or a meeting schedule fixed by formal action.
- Permanent & Temporary Advisory Bodies (except bodies of less than a quorum of the members of the legislative body).

Beginning January 1, 1994, the following "legislative bodies" are eligible to claim reimbursement under these parameters and guidelines for the preparation of a brief general description of closed session agenda items, using either the actual or standard time reimbursement options pursuant to section V.A.1 or 2:

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² As amended by Statutes of 1993, chapter 1136.

- Governing board, commission, directors or body of a local agency or any board or commission thereof, as well as any board, commission, committee, or other body on which officers of a local agency serve in their official capacity.
- Any board, commission, committee, or body which exercises authority delegated to it by the legislative body.
- Planning commissions, library boards, recreation commissions, and other *permanent* boards or commissions of a local agency composed of at least a quorum of the members of the legislative body.
- Local Bodies created by state or federal statute.
- Standing Committees with less than a quorum of members of the legislative body that has a continuing subject matter jurisdiction or a meeting schedule fixed by formal action.
- Permanent & Temporary Advisory Bodies (except bodies of less than a quorum of the members of the legislative body).

B. Closed Session Activities

- 1. Disclose in an open meeting, prior to holding any closed session, each item to be discussed in the closed session. (Gov. Code, § 54957.7, subd. (a).)
- 2. Reconvene in open session prior to adjournment to make any disclosures required by Section 54957.1 of action taken in the closed session, including items as follows: (Gov. Code, § 54957.7, subd. (b).)
 - a. Approval of an agreement concluding real estate negotiations as specified in Section 54956.8. (Gov. Code, § 54957.1, subd. (a)(1).)
 - b. Approval given to its legal counsel to defend, or seek or refrain from seeking appellate review or relief, or to enter as an amicus curiae in any form of litigation as the result of consultation under Section 54956.9. (Gov. Code, § 54957.1, subd. (a)(2).)
 - c. Approval given to its legal counsel of a settlement of pending litigation as defined in Section 54956.9, at any stage prior to or during a judicial or quasi-judicial proceeding shall be reported after the settlement is final. (Gov. Code, § 54957.1, subd. (a)(3).)
 - d. Disposition reached as to claims discussed in closed session pursuant to Section 54956.95 shall be reported as soon as reached in a manner that identifies of the name of the claimant, the name of the local agency claimed against, the substance of the claim, and any monetary amount approved for payment and agreed upon by the claimant. (Gov. Code, § 54957.1, subd. (a)(4).)
 - e. Approval of an agreement concluding labor negotiations with represented employees pursuant to Section 54957.6 shall be reported after the agreement is final and has been accepted or ratified by the other party. (Gov. Code, § 54957.1, subd. (a)(6).)
- 3. Provide copies of any contracts, settlement agreements, or other documents that were finally approved or adopted in the closed session to a person who submitted a written request within the timelines specified or to a person who has made a standing request, as

- set forth in Sections 54954.1 or 54956 within the time lines specified. (Gov. Code, § 54957.1, subd. (b) and (c).)
- 4. Train members of only those legislative bodies that actually hold closed executive sessions, on the closed session requirements of *Brown Act Reform*. If such training is given to all members of the legislative body, whether newly appointed or existing members, contemporaneously, time of the trainer and legislative members is reimbursable. Additionally, time for preparation of training materials, obtaining materials including training videos and audio visual aids, and training the trainers to conduct the training is reimbursable. See Section V.B.6 of these parameters and guidelines.

Beginning January 1, 1994, the following "legislative bodies" are eligible to claim reimbursement under these parameters and guidelines for the activities listed in IV.B:

- Governing board, commission, directors or body of a local agency or any board or commission thereof, as well as any board, commission, committee, or other body on which officers of a local agency serve in their official capacity.
- Any board, commission, committee, or body which exercises authority delegated to it by the legislative body.
- Planning commissions, library boards, recreation commissions, and other *permanent* boards or commissions of a local agency composed of at least a quorum of the members of the legislative body.
- Local Bodies created by state or federal statute.
- Standing Committees with less than a quorum of members of the legislative body that has a continuing subject matter jurisdiction or a meeting schedule fixed by formal action.
- Permanent & Temporary Advisory Bodies (except bodies of less than a quorum of the members of the legislative body).

V. CLAIM PREPARATION AND SUBMISSION

Each reimbursement claim must be timely filed. Each of the following cost elements must be identified for each reimbursable activity identified in section IV of this document.

A. Reimbursement Options for Agenda Preparation and Posting, Including Closed Session Agenda Items

Eligible claimants may use the actual time, standard time, or flat rate reimbursement options for claiming costs incurred pursuant to section IV.A of these parameters and guidelines for agenda preparation and posting, including closed session items.³ Eligible claimants must claim actual costs incurred for subsequent reporting of action taken in closed session, providing copies of documents approved or adopted in closed session, and training.

For each type or name of meeting claimed during a fiscal year, select one of the following reimbursement options. For example, all city council meetings in a given fiscal year may be claimed on only one basis: actual time, standard time or flat-rate. If standard time is selected, all city council meetings must be claimed using this basis for the entire year. However, all city council meetings could be claimed on an actual cost basis during a subsequent fiscal year.

1. Actual Time

List the meeting names and dates. Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

Counties and cities may claim indirect costs pursuant to section V.C.

2. Standard Time

a. Main Legislative Body Meetings of Counties and Cities

List the meeting names and dates. For each meeting, multiply the number of agenda items, excluding standard agenda items such as "adjournment", "call to order", "flag salute", and "public comments", by 30 minutes and then by the blended productive hourly rate of the involved employees.

Counties and cities may claim indirect costs pursuant to section V.C.

b. Special District Meetings, and County and City Meetings Other Than Main Legislative Body

List the meeting names and dates. For each meeting, multiply the number of agenda items, excluding standard agenda items such as "adjournment", "call to order", "flag salute", and "public comments", by 20 minutes and then by the blended productive hourly rate of the involved employees.

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³ The flat rate includes all of the costs for preparing and posting an agenda, including closed session agenda items. Claimants that filed reimbursement claims under the *Open Meetings Act* Program using the flat rate reimbursement option cannot file another reimbursement claim using the flat rate option for initial years costs for agenda preparation of closed session items under Brown Act Reform. Refer to sections III and IV of these parameters and guidelines.

Special districts, counties and cities may claim indirect costs pursuant to section V.C.

c. School and Community College Districts and County Offices of Education

List the meeting names and dates. For each meeting, multiply the number of agenda items times the minutes per agenda item for County Offices of Education and for districts, by enrollment size, times the blended productive hourly rate of the involved employees. The minutes per agenda for County Offices of Education and for districts by enrollment size are:

| County Offices of Education: | 45 minutes |
|------------------------------|------------|
| Districts: | |
| Enrollment 20,000 or more | 45 minutes |
| Enrollment 10,000 – 19,999 | 15 minutes |
| Enrollment less than 10,000 | 10 minutes |

School and community college districts and County Offices of Education may claim indirect costs pursuant to section V.C.

3. Flat Rate⁴

List the meeting names and dates. Multiply the uniform cost allowance, shown in the table provided below, by the number of meetings. The uniform cost allowance shall be adjusted each year subsequent to fiscal year 1997-1998 by the Implicit Price Deflator referenced in Government Code section 17523.

| 1993-1994 | \$ 90.10 |
|-----------|----------|
| 1994-1995 | 92.44 |
| 1995-1996 | 95.12 |
| 1996-1997 | 97.31 |
| 1997-1998 | 100.00 |

B. Direct Cost Reporting

Direct costs that are eligible for reimbursement are:

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

⁴ The flat rate includes all of the costs for preparing and posting an agenda, including closed session agenda items. Claimants that filed reimbursement claims under the *Open Meetings Act* Program using the flat rate reimbursement option cannot file another reimbursement claim using the flat rate option for initial years costs for agenda preparation of closed session items under Brown Act Reform. Refer to sections III and IV of these parameters and guidelines.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element B.1, Salaries and Benefits, for each applicable reimbursable activity.

6. Training

Report the cost of training members of the legislative body to perform the reimbursable activities, as specified in section IV.B of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element B.1, Salaries and Benefits, and B.2, Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element B.3, Contracted Services. This data, if too voluminous to be included with the claim, may be reported in a summary. However, supporting data must be maintained as described in section VI.

C. Indirect Cost Rates

Indirect costs are defined as costs which are incurred for a common or joint purpose, benefiting more than one program and are not directly assignable to a particular department of program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of central government services distributed to other departments based on a systematic and rational basis through a cost allocation plan.

Cities, Counties and Special Districts

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the following methodologies:

- 1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
- 2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

School Districts

School districts must use the J-380 (or subsequent replacement) nonrestrictive indirect cost rate provisionally approved by the California Department of Education.

County Offices of Education

County offices of education must use the J-580 (or subsequent replacement) nonrestrictive indirect cost rate provisionally approved by the California Department of Education.

Community Colleges

Community colleges have the option of using (1) a federally approved rate, using the cost accounting principles from the OMB Circular A-21 "Cost Principles of Educational Institutions", (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate.

VI. SUPPORTING DATA

A. Source Documents

For auditing purposes, all incurred costs claimed must be traceable to source documents that show evidence of their validity and relationship to the reimbursable activities. Documents may include, but are not limited to, worksheets, employee time records or time logs, cost allocation reports (system generated), invoices, receipts, purchase orders, contracts, agendas, training packets with signatures and logs of attendees, calendars, declarations, and data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements.

For those entities that elect reimbursement pursuant to the standard time methodology, option 2 in section V.A, documents showing the calculation of the blended productive hourly rate and copies of agendas shall be sufficient evidence. For those entities that elect reimbursement pursuant to the flat-rate methodology, option 3 in section V.A, copies of agendas shall be sufficient evidence.

The blended productive hourly rate, used in claiming standard or unit time reimbursements, may be calculated by determining the percentage of time spent by persons or classifications of persons on the reimbursable activities and multiplying the productive hourly rate (including salaries, benefits and indirect costs, if not claimed elsewhere) for each person or classification of persons times the percentage of time spent by that person or classification of persons. Claimants may determine a percentage allocation for the person or classification of persons in a base fiscal year and use that percentage allocation for subsequent future years by multiplying the base year percentages times the productive hourly rate for that person or classification of persons for the fiscal year of the reimbursement claim.

For example, a city manager may determine that the percentage of time spent on the reimbursable activities by various classifications in a base year of fiscal year 1998-1999 was as follows:

| City Manager | 17% |
|---------------------|------|
| City Attorney | 15% |
| City Clerk | 36% |
| Department Managers | 9% |
| Secretaries | 23% |
| Total | 100% |

The city determines that the productive hourly rate (salaries, benefits, and indirect costs) for fiscal year 2000-2001 for each classification is as follows:

| Salary | Benefits | Indirect | Indirect | Productive |
|--------|----------|----------|----------|------------|
|--------|----------|----------|----------|------------|

| | | | Cost Rate | Costs | Hourly Rate |
|--------------------|------|------|-----------|-------|-------------|
| City Manager | \$60 | \$12 | 29% | \$13 | \$85 |
| City Attorney | \$55 | \$10 | 30% | \$15 | \$80 |
| City Clerk | \$40 | \$8 | 31% | \$12 | \$60 |
| Department Manager | \$45 | \$ 9 | 30% | \$11 | \$65 |
| Secretaries | \$18 | \$ 5 | 25% | \$ 7 | \$30 |

The blended productive hourly rate for fiscal year 2000-2001 is determined by multiplying the percentages in the base year times the productive hourly rate in the fiscal year claimed, and adding the totals, as follows:

| City Manager | 17% | \$85 | \$14.25 |
|--------------------|------|------|---------|
| City Attorney | 15% | \$80 | \$12.00 |
| City Clerk | 36% | \$60 | \$21.60 |
| Department Manager | 9% | \$65 | \$ 5.85 |
| Secretaries | 23% | \$30 | \$ 6.90 |
| Total | 100% | | \$60.80 |

The city's claim would be determined by multiplying the blended productive hourly rate times the minutes per agenda item times the number of agenda items.

B. Record Keeping

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the State Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. See the State Controller's claiming instructions regarding retention of required documentation during the audit period.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain a mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any other source, including but not limited to, service fees collected, federal funds and other state funds, shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained herein.

IX. PARAMETERS AND GUIDELINES AMENDMENTS

Parameters and guidelines may be amended pursuant to Title 2, California Code of Regulations section 1183.2.

State Controller's Office Mandated Cost Manual

| OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) (20) Date Filed | Pursuan | CLAIM FOR PAYMEN at to Government Code Se | For State Controller Us (19) Program Number 00 | 219 | |
|---|--|---|--|--|---|
| Country of Location (22) BAR-1, (04) (23) BAR-1, (05)(e) | OPEN MEETINGS A | ACT/BROWN ACT REFOR | RM (LOCAL AGENCIES) | , , | <u></u> 219 |
| Country of Location Country of Location (23) BAR-1, (04) | | mber | | Reimbursem | ent Claim Data |
| Suite Address or P.O. Box Suite Zip Code Type of Claim Estimated Claim (03) Estimated Claim (04) Combined (05) Amended (05) Amended (05) Amended (05) Amended (07) Combined (08) Z0 Z0 (12) 19 Z0 (30) Total Claimed Amount Less: 10% Late Penalty, not to exceed \$1,000 Less: Prior Claim Payment Received (15) (15) (33) Net Claimed Amount (16) (34) Due from State (08) (17) (18) (35) Due to State (18) (36) Itertify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. If urther certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actus costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | (02) Claimant Name | | | (22) BAR-1, (04) | |
| Type of Claim Estimated Claim (03) Estimated (04) Combined (05) Amended (10) Combined (11) Amended (28) BAR-1, (10) Fiscal Year of Cost (06) 20 /20 (12) 19 /20 (30) Total Claimed Amount (07) (13) (31) Less: 10% Late Penalty, not to exceed \$1,000 (14) (32) Less: Prior Claim Payment Received (15) (33) Net Claimed Amount (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. If urther certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | | | | (23) BAR-1, (05)(e) | |
| Type of Claim Estimated Claim Reimbursement Claim (26) BAR-1, (10) | Officer Madress of 1 .O. Box | | Suite | (24) BAR-1, (06) | |
| (03) Estimated (09) Reimbursement (27) (28) (28) (10) Combined (29) (29) (11) Amended (29) (29) (12) 19 /20 (30) (31) (31) (31) (31) (31) (31) (31) (32) (32) (33) (33) (34) (35) (35) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | I City | State | Zip Code | (25) BAR-1, (08) | |
| (04) Combined (10) Combined (28) (05) Amended (11) Amended (29) Fiscal Year of Cost (06) 20_/20_ (12) 19_/20_ (30) Total Claimed Amount (07) (13) (31) Less: 10% Late Penalty, not to exceed \$1,000 (14) (32) Less: Prior Claim Payment Received (15) (33) Net Claimed Amount (08) (17) (35) Due from State (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. If further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Type of Claim | Estimated Claim | Reimbursement Claim | (26) BAR-1, (10) | |
| Fiscal Year of Cost (06) 20/20 (12) 19/20 (30) Total Claimed Amount (07) (13) (31) Less: 10% Late Penalty, not to exceed \$1,000 (14) (32) Less: Prior Claim Payment Received (15) (33) Net Claimed Amount (16) (34) Due from State (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | | (03) Estimated | (09) Reimbursement | (27) | |
| Fiscal Year of Cost (06) 20/20 (12) 19/20 (30) Total Claimed Amount (07) (13) (31) Less: 10% Late Penalty, not to exceed \$1,000 (14) (32) Less: Prior Claim Payment Received (15) (33) Net Claimed Amount (16) (34) Due from State (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actic costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | | (04) Combined | (10) Combined | (28) | |
| Total Claimed Amount (07) (13) (31) Less: 10% Late Penalty, not to exceed \$1,000 (14) (32) Less: Prior Claim Payment Received (15) (33) Net Claimed Amount (16) (34) Due from State (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | | (05) Amended | (11) Amended | (29) | |
| Less: 10% Late Penalty, not to exceed \$1,000 (14) (32) Less: Prior Claim Payment Received (15) (33) Net Claimed Amount (16) (34) Due from State (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Fiscal Year of Cost | (06) 20/20 | (12) 19/20 | (30) | |
| Less: Prior Claim Payment Received (15) (33) Net Claimed Amount (16) (34) Due from State (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Total Claimed Amount | (07) | (13) | (31) | |
| Net Claimed Amount (16) (34) Due from State (08) (17) (35) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. If further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Less: 10% Late Penalty | , not to exceed \$1,000 | (14) | (32) | |
| Due from State (08) (17) (35) Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Less: Prior Claim Paym | ent Received | (15) | (33) | |
| Due to State (18) (36) (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Net Claimed Amount | | (16) | (34) | |
| (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Due from State | (08) | (17) | (35) | |
| In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claim with the State of California for costs mandated by Chapter 641, Statutes of 1986, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 641, Statutes of 1986. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | Due to State | | (18) | (36) | |
| costs for the mandated program of Chapter 641, Statutes of 1986, set forth on the attached statements. | In accordance with the prowith the State of California violated any of the provision I further certify that there costs claimed herein; and 641, Statutes of 1986. | ovisions of Government Code § a for costs mandated by Chapte ions of Government Code Secti was no application other than f such costs are for a new progr | er 641, Statutes of 1986, and ce ions 1090 to 1096, inclusive. from the claimant, nor any gran ram or increased level of servic | rtify under penalty of per t or payment received, fo es of an existing prograr | rjury that I have not or reimbursement of m mandated by Chapter |
| Signature of Authorized Officer Date | | | _ | | |
| | Signature of Authorized Offi | cer | | Date | |
| | | | | | |
| Type or Print Name Title | | | | Title | |
| (38) Name of Contact Person for Claim Telephone Number E-Mail Address | (38) Name of Contact Person for | or Claim | | () - | Ext. |

Program **219**

OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) Certification Claim Form Instructions

FORM FAM-27

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address was enclosed with the letter regarding the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03), Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04), Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05), Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form BAR-1 and enter the amount from line (14). If more than one form is completed due to multiple department involvement in this mandate, add line (14) of each form.
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09), Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10), Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11), Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form BAR-1, line (14). If more than one form is completed due to multiple department involvement in this mandate, add line (14) of each form.
- Filing Deadline. Initial Claims of Ch. 641/86. If the reimbursement claims for the period 1/1/94 to 6/30/94 and fiscal years 1994-95 through 2000-01 are filed after October 30, 2002, the claims must be reduced by a late penalty. Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. However, the initial claims will be considered as one claim for the purpose of computing the late claim penalty. Do not prorate the penalty among the fiscal years. If the claims are late, the penalty should be applied to a single fiscal year. Enter either the product of multiplying the sum total of line (13) for all applicable FAM-27's by the factor 0.10 (10% penalty) or \$1,000, whichever is less. In subsequent years, reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17), Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (26) for the reimbursement claim, e.g., BAR-1, (05)(e), means the information is located on form BAR-1, line (05), column (e). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. Completion of this data block will expedite the payment process.
- Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27 WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting P.O. Box 942850 Sacramento, CA 94250 Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting 3301 C Street, Suite 500 Sacramento, CA 95816

MANDATED COSTS **FORM** OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) BAR-1 **CLAIM SUMMARY** (01) Claimant (02) Type of Claim Fiscal Year Reimbursement 19___/20_ **Estimated** (03) Department Claim Statistics (04) Number of regular meetings for which a brief agenda was prepared and posted **Object Accounts Direct Costs: Actual Time Option** (a) (b) (c) (d) (e) (f) (05) Reimbursable Component Salaries **Benefits** Services Fixed Travel Total Direct and Assets and Supplies Training Costs Preparation of Brief Agenda and Posting **Direct Costs: Standard-Time Option** (06) Standard-Time Reimbursement Option [From form BAR-2S, line (05)(f)] Indirect Costs: Actual Time Option and/or Standard-Time Option (07) Indirect Cost Rate [From ICRP] % (08) Total Indirect Costs [Method 1 or Method 2] [Line (05)(f) + line (06) + line (08)] (09) Total Direct and Indirect Costs **Direct and Indirect Costs: Flat-Rate Option** (10) Flat-Rate Reimbursement Option [From form BAR-2F, line (05)(d)] (11) Total Direct and Indirect Costs of All Options [Line (09) + line (10)] Cost Reduction (12) Less: Offsetting Savings (13) Less: Other Reimbursements (14) Total Claimed Amount [Line (11) - {line (12) + line (13)}]

OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) CLAIM SUMMARY

Instructions

FORM BAR-1

Note: The initial years' costs shall not include any costs that were claimable or reimbursed pursuant to the Open Meetings Act (OMA) program per claiming instructions 2000-15 and 16. Annual claims, commencing with the 2001-02 fiscal year, shall include all costs for the OMA and BAR programs. See Section I. of the P's & G's.

- (01) Claimant. Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which costs were incurred or are to be incurred.

Form BAR-1 must be filed for a reimbursement claim. Do not complete form BAR-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form BAR-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) Department. Enter the name of the department that prepared and posted the brief agendas. A separate form BAR-1 should be prepared for each department.
- (04) Claim Statistics. Enter the number of regular meetings for which a brief agenda was prepared and posted for the department in line (03) during the fiscal year.
- (05) Reimbursable Component. Enter the totals from form BAR-2A, line (07), columns (d) through (g) to form BAR-1, line (05), columns (a) through (e) in the appropriate row. Total the row and enter in column (f).
- (06) Standard-Time Reimbursement Option. Enter the total from form BAR-2S, line (05)(f).
- (07) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Indirect Costs. If the blended hourly rate for the Standard-Time allowance includes indirect costs, use **Method 1**. If the blended hourly rate for the Standard-Time allowance does not include indirect costs, use **Method 2**.

Method 1: Multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (07). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (07).

Method 2: Multiply the sum of Total Salaries, line (05)(a), and Standard-Time Reimbursement Option, line (06), by the Indirect Cost Rate, line (07). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), Total Benefits, line (05)(b), and Standard-Time Reimbursement Option, line (06), by the Indirect Cost Rate, line (07).

- (09) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), Standard-Time Reimbursement Option, line (06), and Total Indirect Costs, line (08).
- (10) Flat-Rate Reimbursement Option. The flat-rate allowance covers the direct and indirect costs incurred in compliance with this mandate. Enter the total from form BAR-2F, line (05)(d).
- (11) Total Direct and Indirect Costs of All Options. Enter the sum of Total Direct and Indirect Costs, line (09), and Flat-Rate Reimbursement Option, line (10).
- (12) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (13) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (14) Total Claimed Amount. From Total Direct and Indirect Costs, line (11), subtract the sum of Offsetting Savings, line (12), and Other Reimbursements, line (13). Enter the remainder on this line. Sum the Total Claimed Amount, line (14), of all form BAR-1's submitted for each department and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

MANDATED COSTS OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) COMPONENT/ACTIVITY COST DETAIL

FORM BAR-2A

| COMPONENT/ACTIVITY COST DETAIL | | | | | | | BAR-2A | |
|--------------------------------|---|--|--|-----------------|-----------------|---------------------------|------------------------|-------------------------|
| (01) | Claimant | | (02) | Fiscal Yea | r | | | |
| (03) | (03) Meeting Type or Name | | | Departmei | nt | | | |
| (05) | Reimbursable Component: Preparation | on of Brief | Agenda aı | nd Posting | | | | |
| (06) | Actual Time Option: Complete colur | nns (a) thro | ough (h). | | Obj | ect Accou | ınts | |
| | (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Services and Supplies | (g) Fixed Assets | (h) Travel and Training |
| | | | | | | | | |
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| | | | | | | | | |
| (07) | Total Subtotal | Page: | of | | | | | |

OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) COMPONENT/ACTIVITY COST DETAIL

Instructions

FORM BAR-2A

The initial years' costs shall not include any costs that were claimable or reimbursed pursuant to the Open Meetings Act (OMA) program per claiming instructions 2000-15 and 16. Annual claims, commencing with the 2001-02 fiscal year, shall include all costs for the OMA and BAR programs. See Section I. of the P's & G's.

Complete form BAR-2A when calculating agenda costs using the Actual Time Option. Please note that all meetings of the same type or name in a given fiscal year may be claimed on only one basis.

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year in which costs were incurred.
- (03) Meeting Type or Name. Enter the name of the meeting for which a brief agenda was prepared and posted. A separate form BAR-2A should be prepared for the district's legislative body and each board or commission which holds public hearings.
- (04) Reimbursable Component. Preparation of Brief Agenda and Posting. No entry necessary.
- Actual Time Option. The following table identifies the type of information required to support costs of direct labor, materials and supplies, contract services, travel and training, and fixed assets needed in the preparation of a brief general description of agenda items and posting 72 hours before a meeting in a location that is freely accessible to the public. The descriptions required in column (5)(a) must be of sufficient detail to explain the cost of activities or items being claimed. For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial payment at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office upon request.

| Object/ Sub object | | | | | | | | | Submit supporting |
|--------------------------------------|---|-----------------------------|------------------------------|--|--|----------------------------------|--|--------------------------------|----------------------------|
| Accounts | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | documents with the claim |
| Salaries and Benefits Salaries | Employee Name/Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | | |
| Benefits | Activities Performed | Benefit Rate | | | Benefits = Benefit Rate x Salaries | | | | |
| Services and Supplies Contract | Name of Contractor Specific Tasks | Hourly Cost | Hours Worked Inclusive | | | Itemized Cost of Services | | | Copy of Contract and |
| Services | Performed | | Dates of Service | | | Performed | | | Invoices |
| Office Supplies | Description of Supplies Used | Unit Rate | Quantity Used | | | Cost = Unit Cost x Quantity Used | | | |
| Fixed Assets | Description of Equipment Purchased Equipment ID | Unit Cost | Usage | | | | Itemized Cost of Equipment Purchased | | |
| Travel and Training | Purpose of Trip Name and Title | Per Diem Rate | Days | | | | | Cost = Rate x Days or Miles | |
| Travel | Departure and Return Date | Mileage Rate Travel Cost | Miles Travel Mode | | | | | or Total Travel Cost | |
| Training | Employee Name/Title Name of Class | | Dates Attended | | | | | Registration Fee | |

(07) Total line (05), columns (d) through (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Carry forward the totals from line (06), columns (d) through (h) to form BAR-1, line (05), columns (a) through (e).

(05)

Total

| Program 219 | MANDAT OPEN MEETINGS ACT/BROWN A | MANDATED COSTS OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) COMPONENT/ACTIVITY COST DETAIL | | | | | |
|----------------|-------------------------------------|---|-----------------------------|--------------|--|--|--|
| (01) Claimant | | (02) Fiscal Year | | | | | |
| (03) Departme | ent | | | | | | |
| (04) Flat-Rate | Reimbursement Option: Complete col | umns (a) through (d). | | | | | |
| | (a) Meeting Type or Name | (b) Uniform Cost Allowance | (c) Number of Agendas | (d) Total | | | |
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Subtotal [

Program 219

OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) COMPONENT/ACTIVITY COST DETAIL

Instructions

FORM BAR-2F

The initial years' costs shall not include any costs that were claimable or reimbursed pursuant to the Open Meetings Act (OMA) program per claiming instructions 2000-15 and 16. Annual claims, commencing with the 2001-02 fiscal year, shall include all costs for the OMA and BAR programs. See Section I. of the P's & G's.

Complete form BAR-2F when calculating agenda costs using the Flat-Rate Option. Please note that all meetings of the same type or name in a given fiscal year may be claimed using only one basis.

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year in which costs were incurred.
- (03) Department. Enter the name of the department that prepared and posted the brief agendas. A separate form BAR-2F should be prepared for each department.
- (04) Flat-Rate Reimbursement Option.
 - (a) Meeting Type or Name. Enter the type or name of the meeting. Only one entry per meeting type or name is needed.
 - (b) Uniform Cost Allowance. Enter the uniform cost allowance for the fiscal year of the claim.

| Fiscal Year | U | niform Cost Allowance |
|-------------|----|-----------------------|
| 1993-94 | | \$ 90.10 |
| 1994-95 | | 92.44 |
| 1995-96 | | 95.12 |
| 1996-97 | | 97.31 |
| 1997-98 | | 100.00 |
| 1998-99 | | 101.90 |
| 1999-00 | | 105.67 |
| 2000-01 | | 109.90 |
| 2001-02 | | 112.35 |
| 2002-03 | f/ | 113.58 |

f/ May Revision Forecast, April 2002

Source: California Department of Finance, from the US Department of Commerce, Bureau of Economic Analysis

- (c) Number of Agendas. Enter the number of agendas that were prepared for each meeting type or name listed in column (a).
- (d) Total. Multiply the Uniform Cost Allowance, column (b), by the Number of Agendas, column (c).

For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial payment at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office upon request.

(05) Total line (04), column (d), and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Carry forward the totals from line (05), column (d) to form BAR-1, line (10).

MANDATED COSTS

FORM

| OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) COMPONENT/ACTIVITY COST DETAIL | | | | | | |
|--|----------|--------------------------|----------------------------------|-----------------------------------|-------------------------------|--------------|
| (01) Claima | ant | | (02) Fiscal | Year | | |
| (03) Depart | ment | | | | | |
| (04) Standa | ard-Time | Reimbursement Option: C | omplete columns (| a) through (f). | | |
| (a) Date | | (b) Meeting Type or Name | (c) Number of Agenda Items | (d) Minutes Per Agenda Item | (e) Blended Hourly Rate | (f) Total |
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OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) COMPONENT/ACTIVITY COST DETAIL

Instructions

FORM BAR-2S

The initial years' costs shall not include any costs that were claimable or reimbursed pursuant to the Open Meetings Act (OMA) program per claiming instructions 2000-15 and 16. Annual claims, commencing with the 2001-02 fiscal year, shall include all costs for the OMA and BAR programs. See Section I. of the P's & G's.

Complete form BAR-2S when calculating agenda costs using the Standard-Time Option.

Please note that all meetings of the same type or name in a given fiscal year may be claimed on only one basis.

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year in which costs were incurred.
- (03) Department. Enter the name of the department that prepared and posted the brief agendas. A separate form BAR-2S should be prepared for each department.
- (04) Standard-Time Reimbursement Option.
 - (a) Date. Enter the date of each meeting.
 - (b) Meeting Type or Name. Enter the type or name of each meeting.
 - (c) Number of Agenda Items. Enter the number of agenda items for each meeting, excluding standard agenda items such as "adjournment", "call-to-order", "flag salute", and "public comments".
 - (d) Standard-Time. For meetings of the main legislative body of counties and cities, enter 0.5 hour (30 minutes). For special district meetings, and county and city meetings, other than the main legislative body, enter 0.33 hour (20 minutes).
 - (e) Blended Hourly Rate. Enter the blended hourly rate of all personnel who participated in the preparation and posting of the agenda during the fiscal year.

The blended productive hourly rate, used in claiming standard or unit time reimbursements, may be calculated by determining the percentage of time spent by persons or classifications of persons on the reimbursable activities and multiplying the productive hourly rate (including salaries, benefits, and indirect costs, if not claimed elsewhere) for each person or classification of persons in a base fiscal year and use that percentage allocation for subsequent future years by multiplying the base year percentages times the productive hourly rate for that person or classification of persons for the fiscal year of the reimbursement claim.

For example, a city manager may determine that the percentage of time spent on the reimbursable activities by various classifications of personnel in a base year of fiscal year 1998-99 was as follows: City Manager 17%, City Attorney 15%, City Clerk 36%, Department Managers 9%, and Secretaries 23%.

The city determines that the productive hourly rate (salaries, benefits, and indirect costs) for fiscal year 2000-01 for each classification is as follows:

| Salary | Benefits | Costs | Hourly Rate |
|--------|------------------------|------------------------------------|---|
| \$60 | \$12 | \$13 | \$85 |
| 55 | 10 | 15 | 80 |
| 40 | 8 | 12 | 60 |
| 45 | 9 | 11 | 65 |
| 18 | 5 | 7 | 30 |
| | \$60 55 40 45 | \$60 \$12 55 10 40 8 45 9 | Salary Benefits Costs \$60 \$12 \$13 55 10 15 40 8 12 45 9 11 |

The city's blended productive hourly rate of \$60.80 for fiscal year 2000-01 is determined by multiplying the percentages in the base year times the productive hourly rate in the fiscal year claimed, and adding the totals, as follows:

| Classification | Percentage of Time Spent | Productive Hourly Rate | Blended Productive Hourly Rate |
|---------------------|-----------------------------|---------------------------|-----------------------------------|
| City Manager | 17% | \$85 | \$14.45 |
| City Attorney | 15% | 80 | 12.00 |
| City Clerk | 36% | 60 | 21.60 |
| Department Managers | 9% | 65 | 5.85 |
| Secretaries | 23% | 30 | 6.90 |
| Total | 100% | | \$60.80 |

(f) Total. Multiply the Number of Agenda Items, column (c), by the Minutes Per Agenda Item as expressed as a fraction of one hour, column (d), by the Blended Hourly Rate, column (e).

For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial payment at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office upon request.

(05) Total line (04), column (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Carry forward the totals from line (05), column (f) to form BAR-1, line (06).

MANDATED COSTS OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) MEETING DETAIL

FORM BAR-3

| MEETING DETAIL | | | | DAIX-3 | |
|------------------|---------------------------|-------------|-----------------------------|--------|--|
| (01) Claimant | | | (02) Fiscal Year | | |
| (03) Detail of M | eetings: Complete columns | (a) through | (c). | | |
| (a) Date | | | (c) Meeting Type or Name | | |
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OPEN MEETINGS ACT/BROWN ACT REFORM (LOCAL AGENCIES) MEETINGS DETAIL Instructions

FORM BAR-3

Complete form BAR-3 for all reimbursement options.

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Detail of Meetings. Provide the following information for each regular meeting being claimed regardless of type or name. List the meetings in order of date.
 - (a) Date. Enter the date of each meeting being claimed.
 - (b) Department. Enter the name of the department for which each meeting is being claimed.
 - (c) Meeting Type or Name. Enter the type or name of each regular meeting held during the fiscal year for which a brief agenda was prepared and posted.
- (04) If more than one form is needed to provide the detail of the meetings, number each page.